
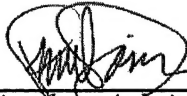


21451

 0000517869 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2020 065705</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>FERREIRA , THERESA —</b> Place of Death <b>78 SEARS ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>DECEMBER 18, 2020</b> Date of Birth <b>FEBRUARY 27, 1931</b> Sex <b>FEMALE</b> Residence <b>78 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Certifier <b>FABIAN DELGADO, MD</b> Lic # <b>243137</b> Addr. <b>1 EDGEWATER DRIVE, NORWOOD, MASSACHUSETTS 02062</b> Immediate Cause of Death <b>COVID-19 PNEUMONIA</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>PHILLIP R. SHORT</b> Lic # <b>50881</b> Facility. <b>SHORT &amp; ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>DECEMBER 21, 2020</b> Place/Address <b>ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics State Tracking # <b>065705</b> Date <b>DECEMBER 21, 2020</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>All Faiths Crematory, Worcester</b>		Signature X 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>12/23/2020</b>	Name of Superintendent or Authorized Designee: <b>Paul A. Druin</b>		



### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73584

 0000434126 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2020 001641</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>RAYMOND , LORRAINE R</b>				
	Place of Death <b>HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA</b>				
	Date of Death <b>JANUARY 04, 2020</b>		Date of Birth <b>APRIL 24, 1949</b>		Sex <b>FEMALE</b>
	Residence <b>214 PARK CIRCLE, STURBRIDGE, MASSACHUSETTS 01566</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier <b>TAI TEMPLE, MD</b>				Lic # <b>238229</b>
	Addr. <b>100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550</b> Immediate Cause of Death <b>ACUTE HYPERCAPNIA RESPIRATORY FAILURE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>WILLIAM P BELANGER</b>				Lic # <b>6229</b>
	Facility <b>BELANGER-BULLARD FUNERAL HOME, SOUTHBRIDGE, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JANUARY 10, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBRIDGE</b>		
	State Tracking # <b>001641</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JANUARY 14, 2020</b>		Date _____ Name of Agent _____		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery  180 Grove Street  Worcester, MA 01605</b>			Signature <b>X</b> 	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 14 2020</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	


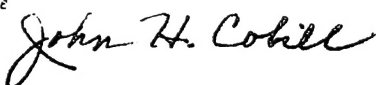
#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73590

 0000434750 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2020 001539</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>KIMBALL, DAWN ELAINE</b>				
	Place of Death <b>HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA</b>				
	Date of Death <b>JANUARY 11, 2020</b>		Date of Birth <b>JANUARY 08, 1959</b>		Sex <b>FEMALE</b>
	Residence <b>128 PINE AVENUE, SOUTHBRIDGE, MASSACHUSETTS 01566</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier <b>MARIE KING, MD</b> Lic # <b>253724</b>				
	Addr. <b>100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550</b>				
	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/Designee <b>JOHN P. HICKEY</b> Lic # <b>6889</b>				
	Facility <b>SCANLON FUNERAL SERVICE, WEBSTER, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JANUARY 14, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBRIDGE</b>		
	State Tracking # <b>001539</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JANUARY 13, 2020</b>		Date _____		
	_____		Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <div style="text-align: center;"> <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b> </div>			Signature <div style="text-align: center;">  </div>	
	Disposition Type <b>Cremation</b>			Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	
	Date of Disposition <b>JAN 15 2020</b>			_____	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000434990

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 002145

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	CAPIZZI , SALVATORE ---		
	Place of Death	71 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 12, 2020	Date of Birth	APRIL 02, 1926
			Sex	MALE
	Residence	71 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
Branch of military (most recent)	Rank/organization/outfit(most recent)			
---	---			
Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)		
---	---	---		
CERTIFIER	Certifier	VINCENT YUAN, MD		
		Lic # 730587		
	Addr.	571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	FAILURE TO THRIVE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	DOUGLAS L TERSONI	Lic # 50904
	Facility.	NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition JANUARY 17, 2020
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking #	002145
	Date	JANUARY 16, 2020
	Local Permit #	E-PERMIT
	Date	---
	Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	11 CORDAVILLE RD, SOUTHBOROUGH, MA SEC. I CIV# 261	X [Signature]	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee
	FINAL	JANUARY 17, 2020	[Signature]


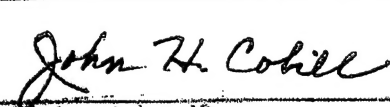
## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73638

 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2020 002775</b> OCME CASE # 2020-738
Information necessary for the Certificate of Death has been completed for:		
DECEDENT	Decedent Name <b>BRESSETTE , ANTHONY A</b>	
	Place of Death <b>HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA</b>	
	Date of Death <b>JANUARY 16, 2020</b>	Date of Birth <b>OCTOBER 11, 1963</b> Sex <b>MALE</b>
	Residence <b>1391 BRIMFIELD ROAD, WARREN, MASSACHUSETTS 01063</b>	
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>	
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____	
	Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____	
	Certifier <b>CHRISTOPHER PERRY, MD</b> Lic # <b>274670</b>	
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>	
	Immediate Cause of Death <b>PENDING</b>	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensed/Designee <b>MICHAEL J PILLSBURY</b> Lic # <b>50857</b>	
	Facility <b>PILLSBURY FUNERAL HOME, INC., NORTH BROOKFIELD, MASSACHUSETTS</b>	
	Disposition Type <b>CREMATION</b> Date of Disposition <b>JANUARY 21, 2020</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>	
Endorsements		
E-PERMIT	Registry of Vital Records and Statistics State Tracking # <b>002775</b> Date <b>JANUARY 21, 2020</b>	Board of Health/Agent for: <b>SOUTHBRIDGE</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) <div style="text-align: center;"> <b>Rural Cemetery</b>  <b>180 Grove Street</b>  <b>Worcester, MA 01605</b> </div>	Signature 
Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 21 2020</b>	Name of Superintendent or Authorized Designee <b>John H Cobill</b>

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73838

 0000441076 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2020 006595</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>BELLOLI, EDWARD ANTHONY</b>				
	Place of Death <b>49 BOSTON ROAD, 10 B, SOUTHBOROUGH, MA</b>				
	Date of Death <b>FEBRUARY 08, 2020</b>		Date of Birth <b>NOVEMBER 22, 1949</b>		Sex <b>MALE</b>
	Residence <b>49 BOSTON ROAD, 10 B, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
	Date entered (most recent) ---		Date Discharged (most recent) ---		Service Number (most recent) ---
	Certifier <b>ANA ESPILA NAVARRO, MD</b> Lic # <b>246617</b> Addr. <b>761 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701</b> Immediate Cause of Death <b>LUNG CANCER WITH METS</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>FEBRUARY 11, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>006595</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>FEBRUARY 11, 2020</b>		Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery          180 Grove Street          Worcester, MA 01605</b>		Signature X 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>FEB 12 2020</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73861

				Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2020 007406</b> OCME CASE # 2020-1957	
0000441633 Form R-309 07012014							
<b>Information necessary for the Certificate of Death has been completed for:</b>							
DECEDENT	Decedent Name <b>TOMASIAN , MARNIE M</b>						
	Place of Death <b>367 TURNPIKE ROAD, SOUTHBOROUGH, MA</b>						
	Date of Death <b>FEBRUARY 10, 2020</b>			Date of Birth <b>MAY 11, 1973</b>		Sex <b>FEMALE</b>	
	Residence <b>90 IRVING STREET, APT. 303, FRAMINGHAM, MASSACHUSETTS 01701</b>						
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____						
CERTIFIER	Certifier <b>ANDREW ELIN, DO</b> Lic # <b>274041</b> Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>						
	Immediate Cause of Death <b>PENDING</b>						
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>							
DISPOSITION	Funeral Licensee/ Designee <b>STEPHEN F. GEMELLI</b> Lic # <b>6280</b>						
	Facility <b>MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS</b>						
	Disposition Type <b>CREMATION</b>			Date of Disposition <b>FEBRUARY 17, 2020</b>			
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>						
<b>Endorsements</b>							
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: <b>SOUTHBOROUGH</b>			
	State Tracking # <b>007406</b>			Local Permit # <b>E-PERMIT</b>			
	Date <b>FEBRUARY 17, 2020</b>			Date _____ Name of Agent _____			
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>						
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery  180 Grove Street  Worcester, MA 01605</b>				Signature X 		
	Disposition Type <b>Cremation</b>		Date of Disposition <b>FEB 17 2020</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



73857

		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2020 007102</b> OCME CASE # 2020-2009
0000442115 Form R-309 07012014				
Information necessary for the Certificate of Death has been completed for:				
DECEASED	Decedent Name <b>DISHMAN, CHRISTINA CASHELLE</b>			
	Place of Death <b>39 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA</b>			
	Date of Death <b>FEBRUARY 12, 2020</b>		Date of Birth <b>JULY 07, 1984</b>	
	Sex <b>FEMALE</b>			
	Residence <b>39 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
CERTIFIER	Branch of military (most recent)		Rank/organization/outfit (most recent)	
	Date entered (most recent)		Date Discharged (most recent)	
	Service Number (most recent)			
	Certifier <b>IRINI A. SCORDI-BELLO, MD</b> Lic # <b>269344</b>			
Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>				
Immediate Cause of Death <b>COMPLICATIONS OF ALCOHOLIC CIRRHOSIS</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>	
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>FEBRUARY 14, 2020</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
<b>Endorsements</b>				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>007102</b>		Local Permit # <b>E-PERMIT</b>	
	Date <b>FEBRUARY 13, 2020</b>		Date <b>---</b> Name of Agent <b>---</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature <b>X John H. Cobill</b>	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>FEB 17 2020</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



**VERMONT DEPARTMENT OF HEALTH**  
**BURIAL-TRANSIT PERMIT**  
 Permit for Removal, Disinterment and Reinterment

Permit No. \_\_\_\_\_

1. Decedent's Name Thomas Mark Morris		2. Sex Male	3. Date of Death February 18, 2018
4. City/Town of Death Jamaica	5. Date of Birth July 06, 1956	6. Place of Birth Southborough, MA	
7. Name and Address of Funeral Director Atamaniuk Funeral Home Inc., 40 Terrace Street, Brattleboro, VT 05301			
PERMISSION REQUESTED FOR: (Check only one box and complete the appropriate section) <input type="checkbox"/> Temporary Storage or Donation (Section A) <input type="checkbox"/> Cremation (Section C) <input type="checkbox"/> Burial or Entombment (Section D) <input type="checkbox"/> Removal From Temporary Storage/Place of Donation or Disinterment (Section B) <input checked="" type="checkbox"/> Removal From State (Section E)			
<b>SECTION A: IF TEMPORARY STORAGE OR DONATION IN VERMONT</b>			
Name of Cemetery/Place or Donation Facility		City/Town	Date
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
Signature of Sexton/Cemetery Official or Representative of Organization Receiving Donation			Date
<b>SECTION B: IF REMOVAL FROM TEMPORARY STORAGE/PLACE OF DONATION OR DISINTERMENT</b>			
Name of Cemetery/Place or Facility from which body is being removed		City/Town	Date
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
Signature of Sexton/Cemetery Official			Date
<b>SECTION C: IF CREMATION IN VERMONT</b>			
Name of Crematorium		City/Town	Date
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
Signature of Crematorium Official		Container Number	Date
<b>SECTION D: IF BURIAL OR ENTOMBMENT IN VERMONT</b>			
Name of Cemetery <i>RURAL CEMETERY</i>		City/Town <i>Southborough, MA</i>	Date <i>11-9-2019</i>
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
210 <i>CREMATED REMAINS - SEC. 27-A, LOT 27-A</i> Body was: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed <i>604.4A</i>		Date <i>11-9-2019</i>	
Section <i>Sec. 10</i>	Lot Number <i>27-A</i>	Grave Number <i>604.4A</i>	Signature of Sexton/Cemetery Official <i>[Signature]</i>
<b>SECTION E: IF REMOVAL FROM STATE</b>			
Name of Cemetery or Place to where body is being taken <i>Cheshire Family Crematory</i>		City/Town, State or Country <i>Troy, NH</i>	Date <i>February 27, 2018</i>
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director <i>[Signature]</i>		City/Town <i>Brattleboro, VT</i>	Date <i>February 22, 2018</i>

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18 V.S.A. 5215)



0000452117

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 015313

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>CIPRIANO , PAULINE MARIE</b>		
	Place of Death <b>110 MAIN STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>MARCH 29, 2020</b>	Date of Birth <b>FEBRUARY 15, 1930</b>	Sex <b>FEMALE</b>
	Residence <b>110 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>JOANNE SUNA, MD</b> Lic # <b>74958</b>		
	Addr. <b>307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760</b>		
	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b> Date of Disposition <b>APRIL 04, 2020</b>		
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>Endorsements</b>			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>015313</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>MARCH 31, 2020</b>		Date _____ Name of Agent _____
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC. B, LOT 31, GRV#4</b>		Signature <b>X [Signature]</b>
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>APRIL 4, 2020</b>	Name of Superintendent or Authorized Designee <b>BUDGET OF, GILLENY</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000456927

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 021970

OCME CASE # 2020-5177

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BAEZ , HECTOR IVAN		
	Place of Death	RED ROOF INN, SOUTHBOROUGH, MA		
	Date of Death	APRIL 14, 2020	Date of Birth	OCTOBER 03, 1969
	Sex	MALE		
	Residence	17 FRUIT STREET, ASHLAND, MASSACHUSETTS 01721		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
---		---		
CERTIFIER	Certifier	JANICE Y. GRIVETTI, DO		
	Addr.	720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118		
	Immediate Cause of Death	PENDING		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	MICHAEL T. WEST	Lic # 6308
	Facility.	BRADY & FALLON FUNERAL SERVICE, BOSTON, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	021970	Local Permit #	E-PERMIT
	Date	APRIL 23, 2020	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	St. Michael Crematory 500 Canterbury Street Boston, MA 02131		X Michael Sheehan
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	Cremation	4/24/2020	Michael D. Sheehan, G.M.

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000462594

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 024326

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	PESSINI, CAROLINE —		
	Place of Death	4 MAPLE STREET, SOUTHBOROUGH, MA		
	Date of Death	APRIL 29, 2020	Date of Birth	OCTOBER 20, 1918
	Sex	FEMALE		
	Residence	4 MAPLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	Certifier	SHAHNAZ MONTAQUE, MD		Lic # 55438
	Addr.	3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	FAILURE TO THRIVE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	024326	Local Permit #	E-PERMIT
	Date	APRIL 30, 2020	Date	—
			Name of Agent	—

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

RURAL CEMETERY  
 11 CORDAVILLE RD SOUTHBOROUGH, MA  
 SEC. C - EAST, LOT 19, GRV. 2  
 FULL EARTH BURIAL  
 MAY 2, 2020  
 BRIDGET A. GILBERT

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000474819

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 033671

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MISENER , JOAN M</b>		
	Place of Death <b>8 LATISQUAMA ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JUNE 04, 2020</b>	Date of Birth <b>SEPTEMBER 19, 1933</b>	Sex <b>FEMALE</b>
	Residence <b>8 LATISQUAMA ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>SARAH H. HUGHES, MD</b> Lic # <b>221461</b>		
DISPOSITION	Addr. <b>119 BELMONT STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	Immediate Cause of Death <b>ADVANCED GYNECOLOGIC CANCER</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
PERMIT	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b> Date of Disposition <b>JUNE 08, 2020</b>		
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	Endorsements		
CONFIRMATION	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>033671</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>JUNE 05, 2020</b>		Date _____
			Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD SOUTHBOROUGH, MA SECT. 13, LOT 6, GRV#2</b>		Signature <b>X</b>
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>JUNE 8, 2020</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET A. GULLERAY</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75164



0000476521

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 034816

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name <b>ABU , GLORIA LOUISE</b>		
	Place of Death <b>9 BLUEBERRY LANE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JUNE 11, 2020</b>	Date of Birth <b>SEPTEMBER 12, 1925</b>	Sex <b>FEMALE</b>
	Residence <b>9 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
<b>CERTIFIER</b>	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>ASHRAF ELKERM, MD</b>		Lic # <b>81917</b>
	Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b>		
	Immediate Cause of Death <b>CONGESTIVE HEART FAILURE</b>		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b>		Lic # <b>6664</b>
	Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUNE 13, 2020</b>
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		

**Endorsements**

<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>034816</b>	Local Permit # <b>E-PERMIT</b>		
	Date <b>JUNE 12, 2020</b>	Date <b>---</b>		
	Name of Agent <b>---</b>			

<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDVILLE RD, SOUTHBOROUGH, MA SEC. K, BOX 30</b>		Signature <b>X</b> <i>[Signature]</i>
	Disposition Type <b>ANAL</b>	Date of Disposition <b>AUGUST 7, 2020</b>	Name of Superintendent or Authorized Designee: <i>[Signature]</i> <b>BRIDGET L. GILLEN</b>
	OF CREMATED REMAINS		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75164



0000476521

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 034816

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>ABU , GLORIA LOUISE</b>		
	Place of Death <b>9 BLUEBERRY LANE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JUNE 11, 2020</b>	Date of Birth <b>SEPTEMBER 12, 1925</b>	Sex <b>FEMALE</b>
	Residence <b>9 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
CERTIFIER	Date entered(most recent) _____		Date Discharged (most recent) _____ Service Number(most recent) _____
	Certifier <b>ASHRAF ELKERM, MD</b> Lic # <b>81917</b>		
	Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b>		
	Immediate Cause of Death <b>CONGESTIVE HEART FAILURE</b>		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
DISPOSITION	Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b> Lic # <b>6664</b>		
	Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b> Date of Disposition <b>JUNE 13, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
<b>Endorsements</b>			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>034816</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>JUNE 12, 2020</b>		Date _____ Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature <b>X</b> <i>John H. Cobill</i>
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JUN 12 2020</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>

**Acceptance of Permit**


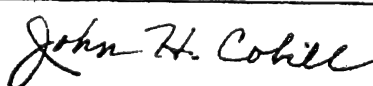
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



75180

 0000476664 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2020 035078</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>STEVENS , PHYLLIS L</b>				
	Place of Death <b>HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA</b>				
	Date of Death <b>JUNE 11, 2020</b>		Date of Birth <b>AUGUST 08, 1929</b>		Sex <b>FEMALE</b>
	Residence <b>249 DUDLEY-SOUTHBRIDGE ROAD, DUDLEY, MASSACHUSETTS 01571</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>ISSAMA ONEYSSI, MD</b> Lic # <b>76569</b>				
	Addr. <b>100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550</b>				
	Immediate Cause of Death <b>PULMONARY EMBOLISM</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/Designee <b>BRYAN J GIVNER, SR</b> Lic # <b>7009</b>				
	Facility <b>PARADIS-GIVNER FUNERAL HOME, OXFORD, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUNE 16, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBRIDGE</b>		
	State Tracking # <b>035078</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JUNE 15, 2020</b>		Date _____ Name of Agent _____		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery          180 Grove Street          Worcester, MA 01605</b>		Signature  X		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JUN 16 2020</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000479216

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 036992

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>TREMBLAY , DONALD E</b>		
	Place of Death <b>49 BOSTON ROAD, 4B, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JUNE 24, 2020</b>	Date of Birth <b>NOVEMBER 26, 1935</b>	Sex <b>MALE</b>
	Residence <b>49 BOSTON ROAD, 4B, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>KOREA</b>		
	Branch of military (most recent) <b>AIR FORCE</b>		Rank/organization/outfit (most recent) <b>A/IC</b>
	Date entered (most recent) <b>APRIL 10, 1953</b>	Date Discharged (most recent) <b>APRIL 09, 1957</b>	Service Number (most recent) <b>AF 12 440 709</b>
	Certifier <b>MICHAEL H HAKIM, MD</b>		Lic # <b>219697</b>
	Addr. <b>182 WEST STREET, WARE, MASSACHUSETTS 01082</b>		
	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>BRIAN C. MCKINNEY</b> Lic # <b>50106</b>		
	Facility <b>MCCARTHY, MCKINNEY &amp; LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUNE 25, 2020</b>
	Place/Address <b>SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>036992</b>		Local Permit # <b>036992</b>
	Date <b>JUNE 25, 2020</b>		Date <b>JUNE 25, 2020</b>
			Name of Agent <b>JAMES F. HEGARTY</b>
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>St. Michael Crematory 500 Canterbury Street Boston, MA 02131</b>		Signature 
	Disposition Type <b>Cremation</b>	Date of Disposition <b>6/29/2020</b>	Name of Superintendent or Authorized Designee: <b>Michael D. Sheehan, G.M.</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000488554

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 043810

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MAURO , JOHN —</b>		
	Place of Death <b>35 BOSTON ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>AUGUST 08, 2020</b>	Date of Birth <b>SEPTEMBER 04, 1931</b>	Sex <b>MALE</b>
	Residence <b>35 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) —		
CERTIFIER	Branch of military (most recent) —		Rank/organization/outfit(most recent) —
	Date entered (most recent) —	Date Discharged (most recent) —	Service Number(most recent) —
	Certifier <b>SHUNIAN HE, MD</b>		Lic # <b>206099</b>
	Addr. <b>640 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752</b>		
DISPOSITION	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>BURIAL</b>		Date of Disposition <b>AUGUST 15, 2020</b>
	Place/Address <b>RURAL CEMETER, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	Endorsements		
	Registry of Vital Records and Statistics		
CONFIRMATION	State Tracking # <b>043810</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	Date <b>AUGUST 10, 2020</b>		Local Permit # <b>E-PERMIT</b>
			Date —
			Name of Agent —
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD SOUTHBOROUGH, MA 01772 SEC. 9, LOT 1A, GRV#4</b>		Signature 	
Disposition Type <b>FULL EARTH BURIAL</b>		Date of Disposition <b>AUG. 15, 2020</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET A. GILLEY</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000495191

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 048718

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>BERTONAZZI , JOSEPHINE P</b>		
	Place of Death <b>63 A SCHOOL STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>SEPTEMBER 10, 2020</b>	Date of Birth <b>MARCH 06, 1925</b>	Sex <b>FEMALE</b>
	Residence <b>63 A SCHOOL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) —		Rank/organization/outfit (most recent) —
	Date entered (most recent) —	Date Discharged (most recent) —	Service Number (most recent) —
	Certifier <b>KALINDI MEHTA, MD</b> Lic # <b>230077</b>		
DISPOSITION	Addr. <b>900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581</b>		
	Immediate Cause of Death <b>CONGESTIVE HEART FAILURE</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee <b>NANCYG MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>BURIAL</b> Date of Disposition <b>SEPTEMBER 12, 2020</b> Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>048718</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>SEPTEMBER 11, 2020</b>		Date — Name of Agent —
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE ROAD, SOUTHBOROUGH, MA SEC. A, LOT 335, CIV #3</b>		Signature <b>X</b>
	Disposition Type <b>FULL EARTH REMOVAL</b>	Date of Disposition <b>SEPT. 12, 2020</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET A. GILLEN</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75990

 0000498025 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2020 050501</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>QUINN, JOHN FRANCIS</b>				
	Place of Death <b>8 WYNDEMERE DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>SEPTEMBER 23, 2020</b>		Date of Birth <b>OCTOBER 07, 1935</b>		Sex <b>MALE</b>
	Residence <b>8 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier <b>TIMOTHY P. MURPHY, MD</b> Lic # <b>156870</b>				
	Addr. <b>56 COLPITTS ROAD, WESTON, MASSACHUSETTS 02493</b>				
	Immediate Cause of Death <b>RESPIRATORY ARREST</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 25, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics State Tracking # <b>050501</b> Date <b>SEPTEMBER 23, 2020</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 COLVILLE RD. SOUTHBOROUGH, MA NICHE # 613</b>		Signature X 		
CONFIRMATION	Disposition Type <b>INTERMENT</b>	Date of Disposition <b>SEPT. 29, 2020</b>	Name of Superintendent or Authorized Designee: 		



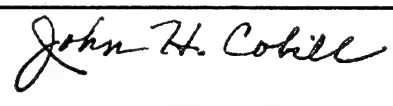
#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75990

 0000498025 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2020 050501</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEASED	Decedent Name <b>QUINN, JOHN FRANCIS</b>				
	Place of Death <b>8 WYNDEMERE DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>SEPTEMBER 23, 2020</b>		Date of Birth <b>OCTOBER 07, 1935</b>		Sex <b>MALE</b>
	Residence <b>8 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier <b>TIMOTHY P. MURPHY, MD</b>				Lic # <b>156870</b>
	Addr. <b>56 COLPITTS ROAD, WESTON, MASSACHUSETTS 02493</b>				
	Immediate Cause of Death <b>RESPIRATORY ARREST</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b>				Lic # <b>50277</b>
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 25, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>050501</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>SEPTEMBER 23, 2020</b>		Date _____ Name of Agent _____		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>			Signature  X	
	Disposition Type <b>Cremation</b>		Date of Disposition <b>SEP 25 2020</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>



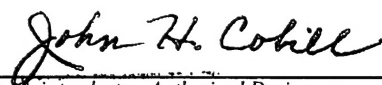
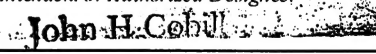
#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

76338

 0000508904 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2020 059002</b> OCME CASE # 2020-15431	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEASED	Decedent Name <b>GATHOGO , LEAH WANGECHI</b> Place of Death <b>SUDBURY RESERVOIR, SOUTHBOROUGH, MA</b> Date of Death <b>NOVEMBER 09, 2020</b> Date of Birth <b>MARCH 09, 1974</b> Sex <b>FEMALE</b> Residence <b>54 LEIGH STREET, FRAMINGHAM, MASSACHUSETTS 01701</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent)      Rank/organization/outfit(most recent) ---      ---				
	Date entered(most recent)      Date Discharged(most recent)      Service Number(most recent) ---      ---      ---				
	Certifier <b>ROBERT M. WELTON, MD</b> Lic # <b>256257</b> Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b> Immediate Cause of Death <b>PENDING</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b> Lic # <b>6664</b> Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>NOVEMBER 16, 2020</b> Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics State Tracking # <b>059002</b> Date <b>NOVEMBER 16, 2020</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date --- Name of Agent ---		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature X 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>NOV 17 2020</b>	Name of Superintendent or Authorized Designee: 		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



 0000510331 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2020 059872</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>CHESNA , EDNA A</b> Place of Death <b>100 SEARS ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>NOVEMBER 16, 2020</b> Date of Birth <b>JUNE 16, 1922</b> Sex <b>FEMALE</b> Residence <b>100 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Certifier <b>VINAY KUMAR, MD</b> Lic # <b>57255</b> Addr. <b>246 MAPLE STREET, MARLBOROUGH, MASSACHUSETTS 01752</b> Immediate Cause of Death <b>SENILE DEMENTIA OF ALZHEIMER'S TYPE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>SCOTT A. JOHNSTON</b> Lic # <b>6373</b> Facility. <b>SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS</b> Disposition Type <b>BURIAL</b> Date of Disposition <b>NOVEMBER 21, 2020</b> Place/Address <b>SAINT MICHAEL'S CEMETERY, 278 COX STREET, HUDSON, MASSACHUSETTS 01749</b>				
	<b>Endorsements</b>				
	<b>Registry of Vital Records and Statistics</b> State Tracking # <b>059872</b> Date <b>NOVEMBER 19, 2020</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____		
	<b>CONFIRMATION</b>				
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
Place of Disposition (Facility Name and Address) <i>St. Michael Cemetery</i> <i>Cox St. Hudson MA</i>			Signature <i>Helena Scialano</i>		
Disposition Type <i>Burial</i>		Date of Disposition <i>11-21-2020</i>		Name of Superintendent or Authorized Designee: <i>Helena Scialano</i>	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000511783

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2020 060581

Information necessary for the Certificate of Death has been completed for:

DECEASED	Decedent Name <b>CHASON, SEWALL GLENN</b>		
	Place of Death <b>117 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>NOVEMBER 23, 2020</b>	Date of Birth <b>DECEMBER 03, 1932</b>	Sex <b>MALE</b>
	Residence <b>114 SAN MARCO DRIVE, PALM BEACH GARDENS, FLORIDA 33418</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) ---		
	Rank/organization/outfit (most recent) ---		
	Date entered (most recent) ---	Date Discharged (most recent) ---	Service Number (most recent) ---
	Certifier <b>JONATHAN E. SNIDER, MD</b> Lic # <b>156979</b>		
	Addr. <b>173 WORCESTER STREET, WELLESLEY, MASSACHUSETTS 02481</b>		
DISPOSITION	Immediate Cause of Death <b>MENINGIOMA</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee <b>JULIE BERGER</b> Lic # <b>50744</b>		
	Facility <b>LEVINE CHAPEL, BROOKLINE, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b> Date of Disposition <b>NOVEMBER 24, 2020</b>		
PERMIT	Place/Address <b>BEIT OLAM EAST CEMETERY, 42 CONCORD ROAD, WAYLAND, MASSACHUSETTS 01778</b>		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>060581</b>	Local Permit # <b>E-PERMIT</b>	
	Date <b>NOVEMBER 24, 2020</b>	Date --- Name of Agent ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Beit Olam East Cemetery 42 Concord Rd. Wayland, MA 01778</b>		Signature <b>X Judith F. Caplan</b>
	Disposition Type <b>Burial</b>	Date of Disposition <b>11/24/2020</b>	Name of Superintendent or Authorized Designee: <b>Judith Freedman Caplan</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

**I hereby designate the Disposition of Cremains and acknowledge receipt of a copy of this form.**

"Remains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition \_\_\_\_\_

**TO BE COMPLETED FOLLOWING CREMATION AND DISPOSITION OF REMAINS**

I hereby acknowledge that on \_\_\_\_\_ Date \_\_\_\_\_

I took possession of the remains of \_\_\_\_\_ (NAME OF DECEASED)

(NAME OF PERSON RECEIVING CREMAINS)

White copy to Funeral Home — Yellow copy to family upon disposition — Pink copy to family upon initial arrangement  
AP 27 — REV 405